

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

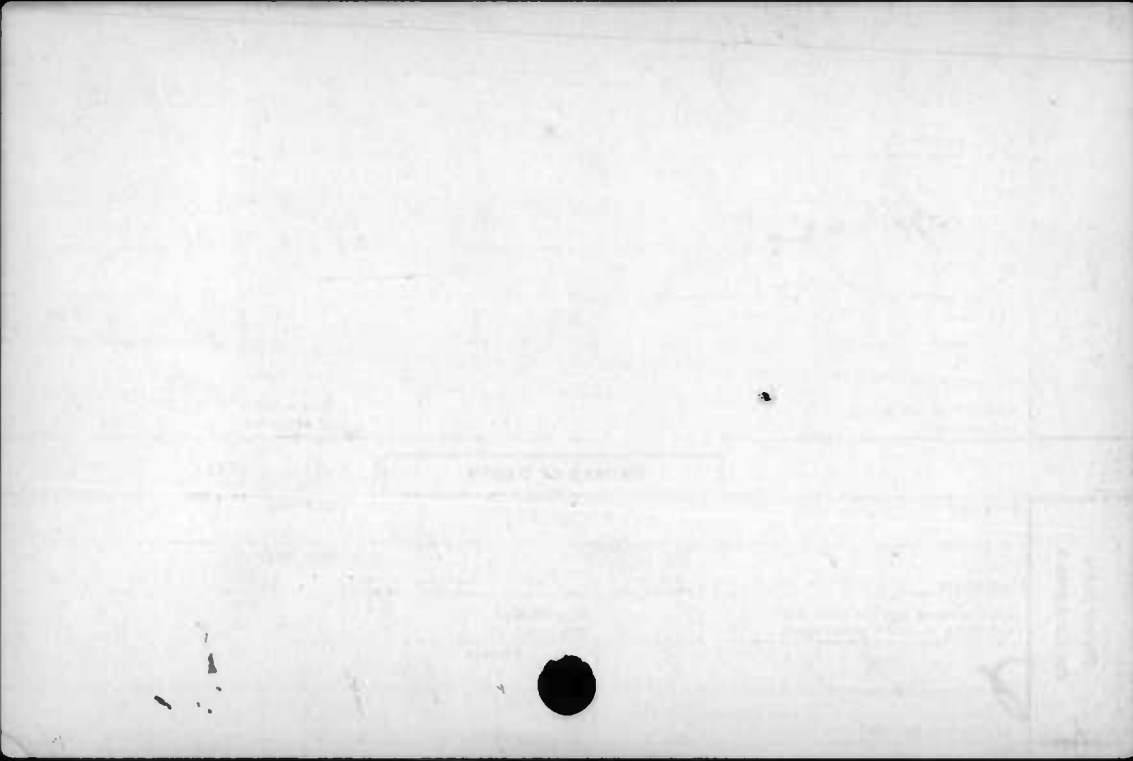
Died at <i>Wallerden</i> Town			<i>Calumet</i> County			MARYLAND			
Date of death	1907	Month	<i>Dec</i>	Day	<i>21</i>	Age	Years	Months	<i>21</i> Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>			Birth-place	<i>Wallerden</i>	
Occupation	<i>None</i>			Where Residing if not at place of death <i>Wallerden</i>					
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband _____					
Father's Name	<i>Benson Crooks</i>						Father's Birthplace	<i>Calumet</i>	
Mother's Maiden Name	<i>Emma Sleight</i>						Mother's Birthplace	<i>Calumet</i>	
Name of person giving information	<i>Benson Crooks</i>						How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary	<i>Heart failure</i>	How long	<i>3 days</i>
Immediate	<i>of heart</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>P. J. Brown</i>	
Accident or Suicide?		Address	
<i>Yes</i>		<i>Wallerden</i>	



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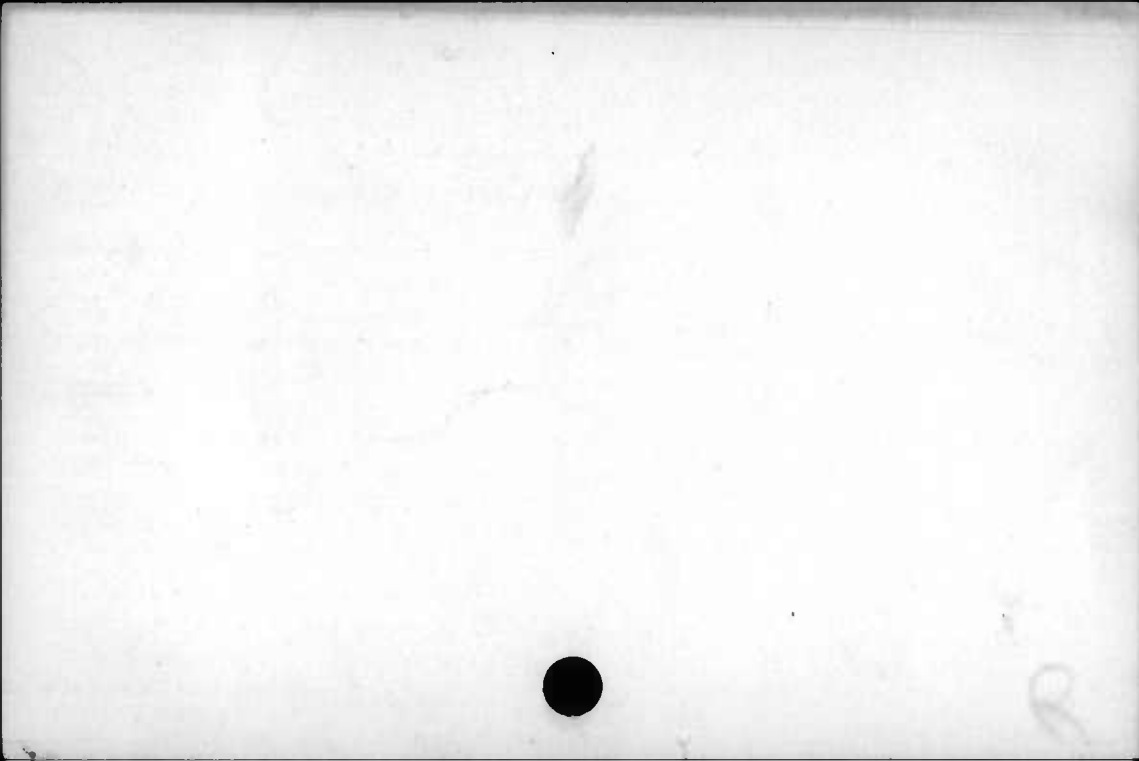
Name in Full <i>Annice M. Sawell</i>		Town <i>Mt. Harmony</i>		County <i>Calvert-</i>		MARYLAND	
Died at <i>Mt. Harmony</i>		Month <i>12</i>		Day <i>12</i>		Years <i>20</i>	
Date of death <i>1907</i>		Month <i>12</i>		Day <i>12</i>		Years <i>20</i>	
Sex <i>Female</i>		Color or Race <i>White-</i>		Birth-place <i>Mt. Harmony</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Stewart-</i>		Surname <i>Sawell</i>		Father's Birthplace <i>Calvert Co</i>		Mother's Birthplace <i>A. Q. Co</i>	
Mother's Maiden Name <i>Maggie</i>		Surname <i>Crandal</i>		Father's Birthplace <i>Calvert Co</i>		Mother's Birthplace <i>A. Q. Co</i>	
Name of person giving information <i>Marion Sawell</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

144

PHYSICIAN  
OR CORONER

Primary <i>Abdominal Abscess</i>		How long <i>2 weeks</i>	
Immediate <i>Blood Poison</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Brayshaw</i>	
		Address <i>Friendship Md.</i>	
Accident or Suicide?			



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## CERTIFICATE OF DEATH

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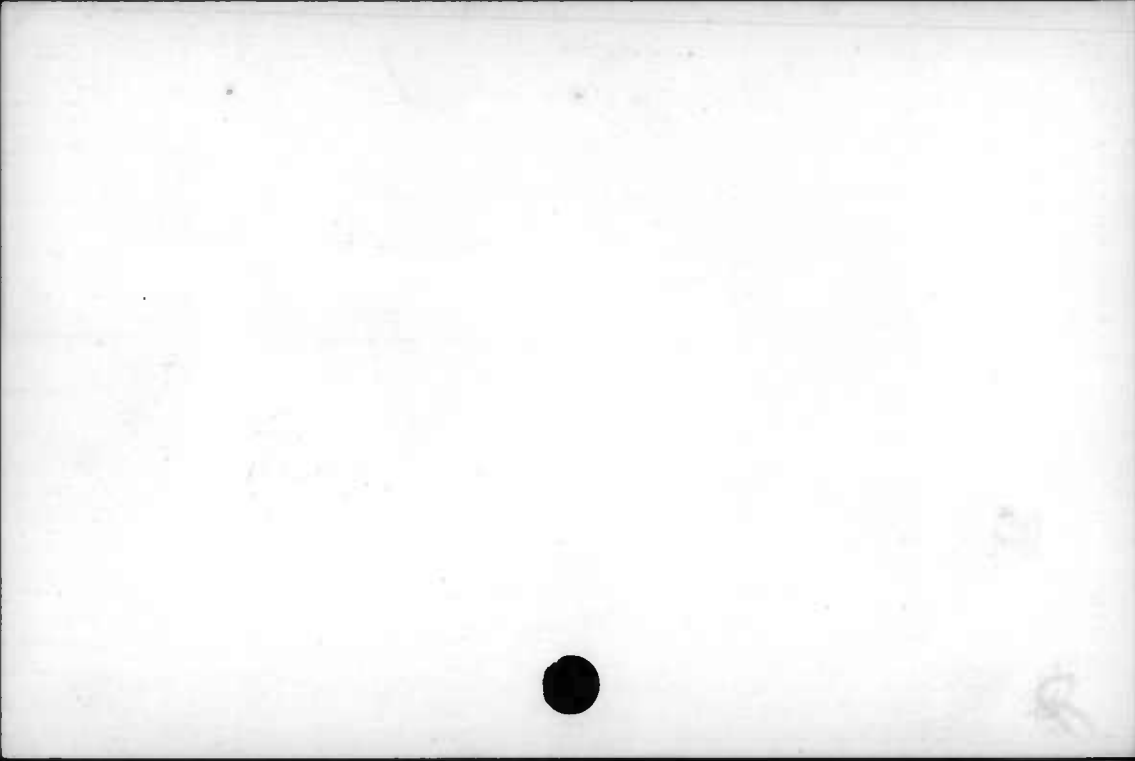
Died at <i>Adelaide Ebb</i> <i>Oliver</i> Town		<i>Calvert</i> County		MARYLAND			
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>18</i>	Age <i>95</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>St Marys Co Md</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
<del>Married, Single or Widowed</del> <i>Single</i>	Name of Wife or Husband <i>James Ebb</i>						
Father's Name <i>Jacob Briscoe</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>Fred Ebb</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Senile Debility</i>	How long <i>about 1 yr</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. Chambers</i>
	Address <i>Sub-Registrar Lobby Calvert Md</i>
<del>Accident or Suicide?</del>	



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Rachel Gantt

## CERTIFICATE OF DEATH

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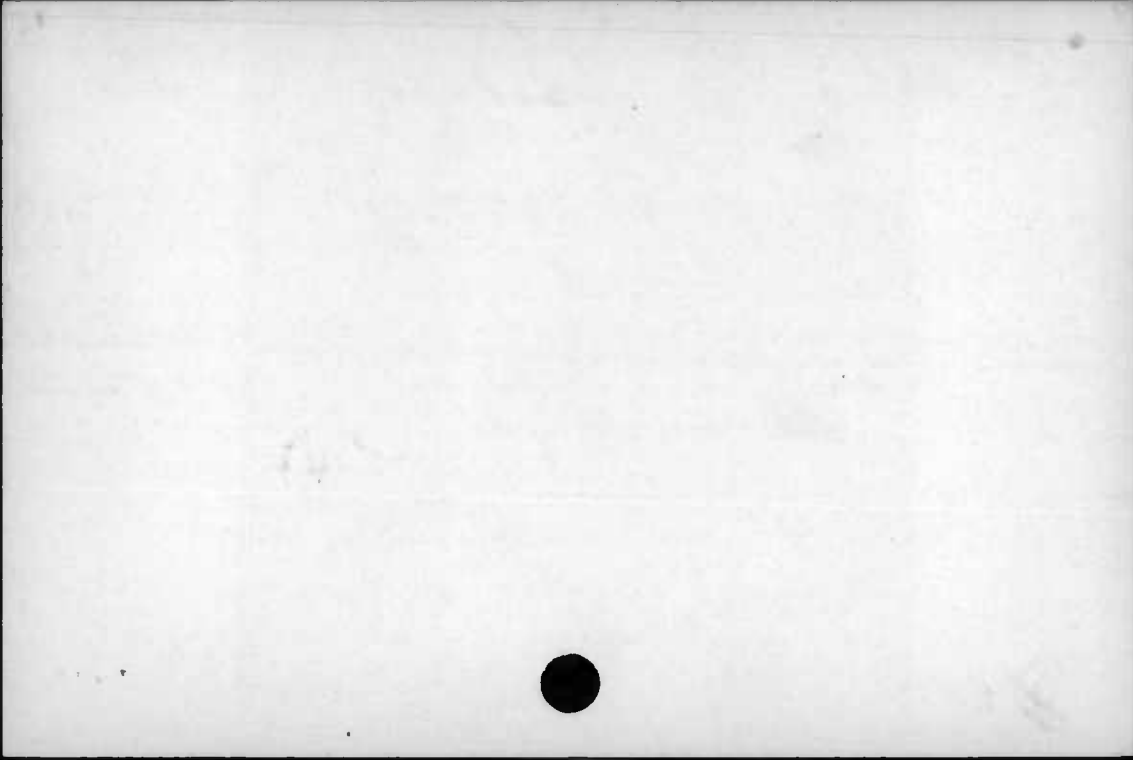
Died at <i>Huntingtown</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Dec	Day	9
Age	80	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	Cal. Co.
Occupation	Wife		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband		
Father's Name	Not Obtainable			Father's Birthplace	Not known
Mother's Maiden Name				Mother's Birthplace	" "
Name of person giving information	Thomas Gantt			How related to deceased	Son

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>General Debility</i>		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		<i>J. W. Leitch</i>		
Address		<i>Huntingtown</i>		
Accident or Suicide?		md.		





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## CERTIFICATE OF DEATH

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MARYLAND

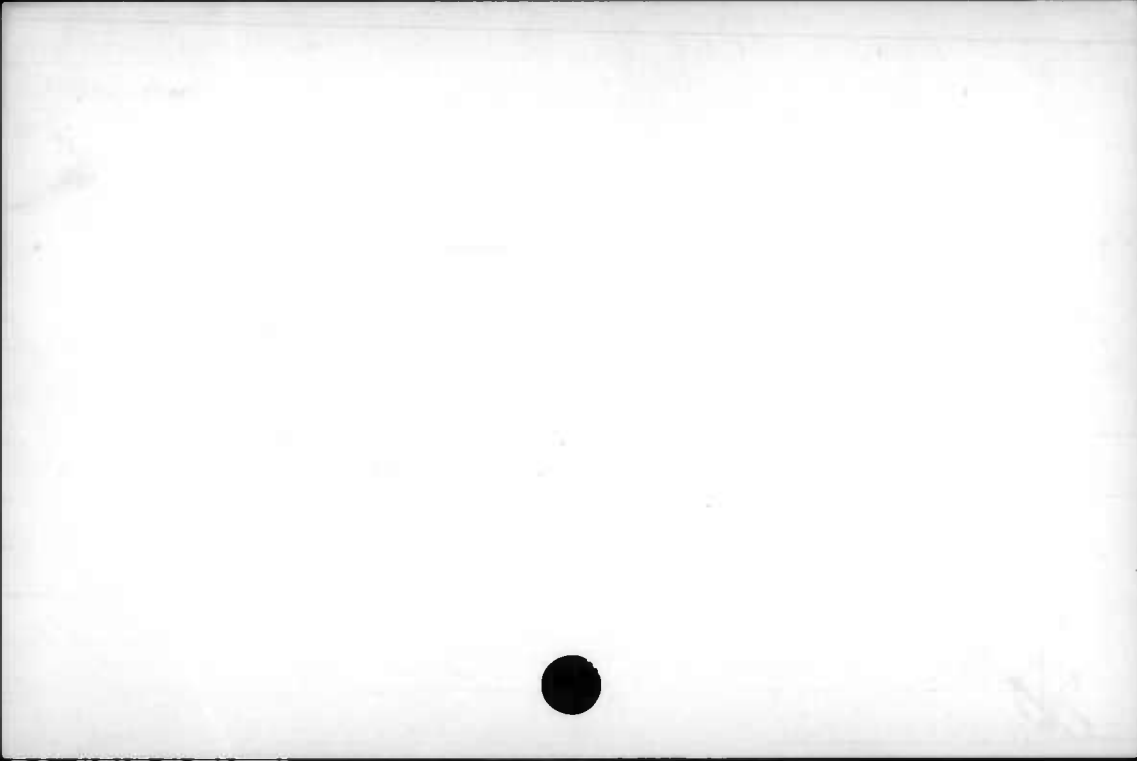
Died at *Adelina* Town *Calvert* CountyDate of death *1907* Month *12* Day *3* Age *45* Years *11* Months *13* DaysSex *Male* Color or Race *colored* Birth-place *Maryland*Occupation *Farming* Where Residing if not at place of death *Brus Arundel Co Md*Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Aletha*Father's Name *Jaynes Hright* Father's Birthplace *Calvert Co Md*Mother's Maiden Name *Sabella Gross* Mother's Birthplace *Calvert Co Md*Name of person giving Information *Aletha Hright* How related to deceased *wife*

## CAUSES OF DEATH

74

Primary *Multiple Myeloma* *Taralysis* How long *Two days*Immediate *Strangulation* How long *Immediate*Are the name, age, sex, color, date and place correctly given above? *YES*Signature of Physician *Elwood Huggins*Address *Buna Vista*  
*Calvert Co Md*PHYSICIAN  
OR CORONER

Accident or Suicide?



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Maud Ellen Haight

## CERTIFICATE OF DEATH

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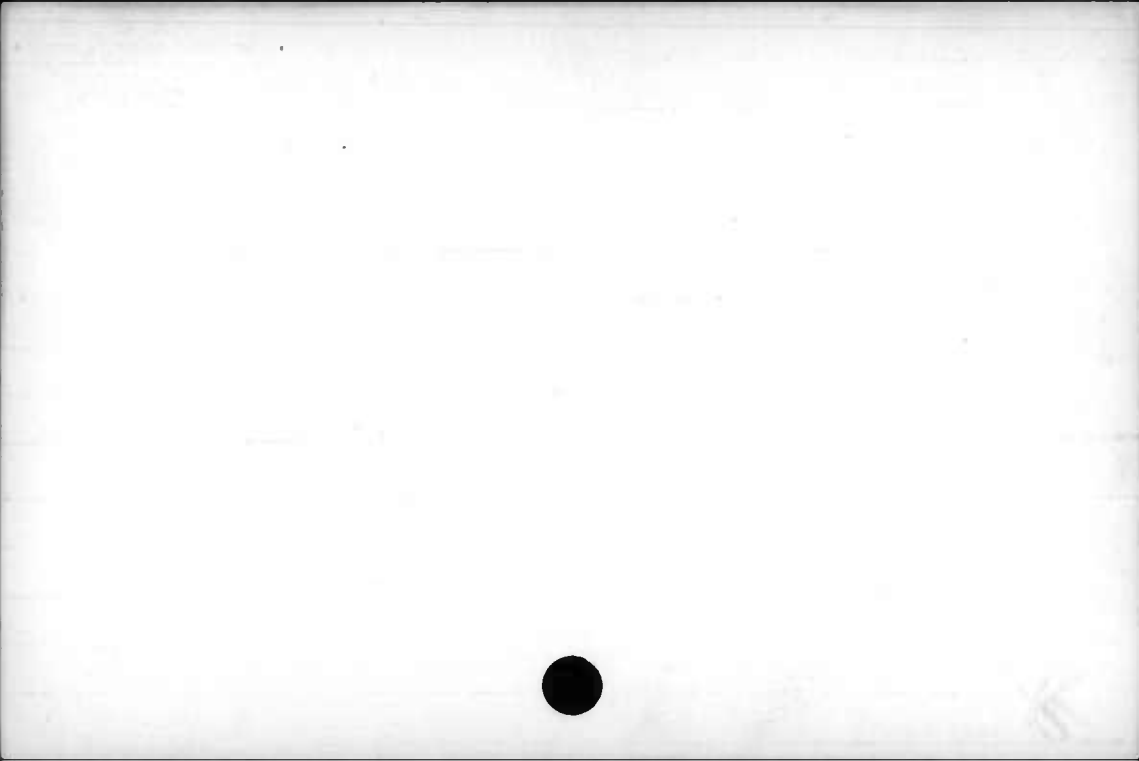
Died at <i>admission</i> <sup>Town</sup>		<i>Occumuck</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	10	Day	23
Age	7	Years		Months	
Sex	female	Color or Race	colored	Birth-place	Occumuck
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Sharp knowledge.</i>	How long	<i>I do not know</i>
Immediate	<i>Transition</i>	How long	<i>About 10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Think so</i>	Signature of Physician	<i>Edward Huggins</i>
Accident or Suicide?	<i>---</i>	Address	<i>Pineview Leahurst Co Md.</i>



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## CERTIFICATE OF DEATH

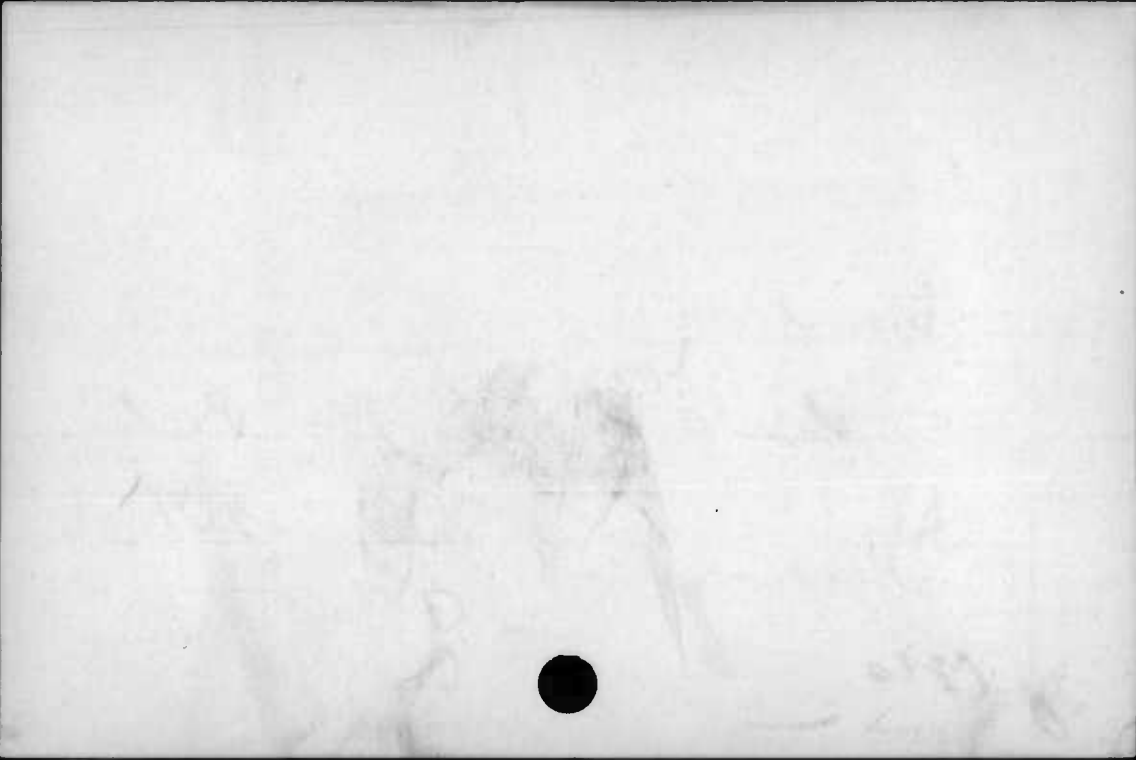
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Barstow</i>		County <i>Sevier</i>		MARYLAND	
Date of death	1907	Month	Dec	Day	2	Age	80
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Sevier Mo</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband <i>Margaret Hutchins</i>			
Father's Name	<i>Not Obtainable</i>					Father's Birthplace	
Mother's Maiden Name	<i>"</i>					Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Chronic Lacthi</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. N. King</i>
	Address <i>Barstow Md.</i>
Accident or Suicide?	



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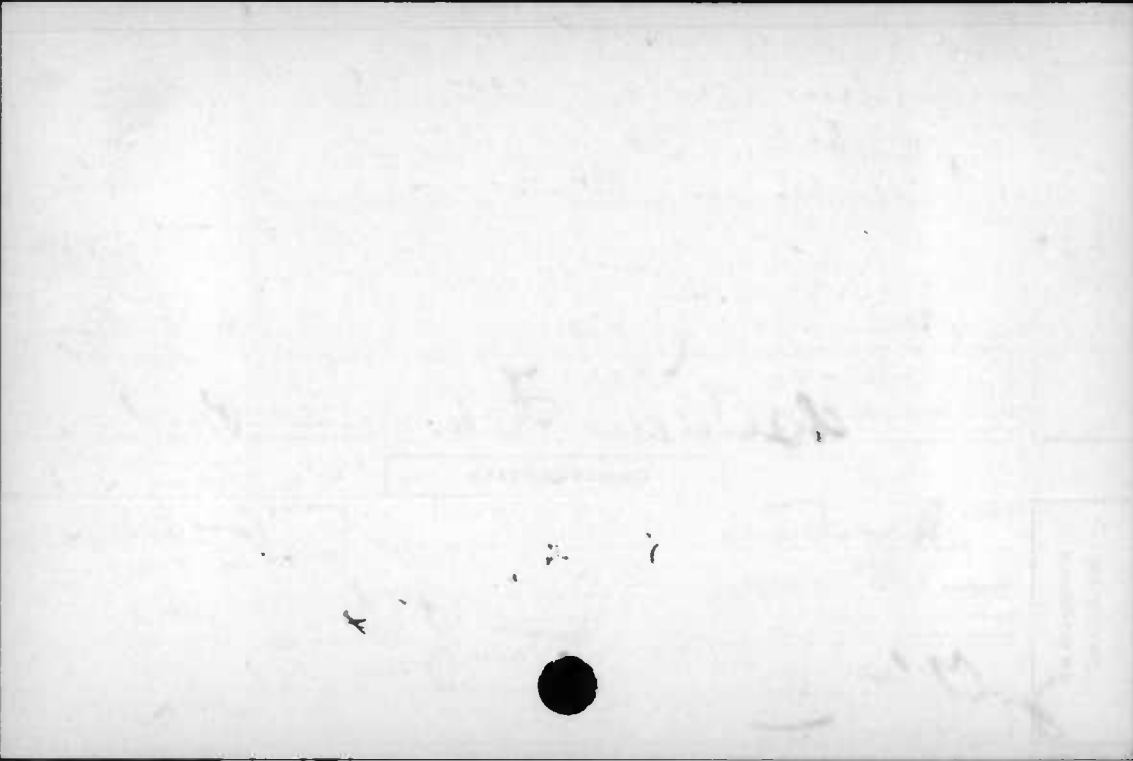
Died at <i>St. Louis</i> Town		<i>Cass</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>26</i>	Age <i>35</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Cornwall</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>St. Louis</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Andrew Johnson</i>				
Father's Name <i>Mr. Anderson</i>	Father's Birthplace <i>Cornwall</i>				
Mother's Maiden Name <i>Ann L. Jones</i>	Mother's Birthplace <i>Cornwall</i>				
Name of person giving information <i>Anderson Johnson</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

134

PHYSICIAN  
OR CORONER

Primary <i>Abortion</i>	How long <i>24 hours</i>
Immediate <i>Hemorrhage</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Brooker M.D.</i>
<i>Yes</i>	Address <i>St. Louis</i>
Accident or Suicide? <i>—</i>	<i>221</i>





Name  
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Erlith Keent

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NEAREST FRIEND

Died at <i>Huntingtown</i> <sup>Town</sup>		<i>Culpeper</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>22</i>	Age <i>2</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. Geo.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wesley Keent</i>			Father's Birthplace <i>Cal. Geo.</i>		
Mother's Maiden Name <i>Aymer Freeman</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Elijah Hicks</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Improper diet</i>	How long <i>Since birth</i>
Immediate <i>malnutrition</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Fitch</i>
<i>J</i>	Address <i>Huntingtown</i>
	<i>Pa</i>
Accident or Suicide?	

27



Name  
in  
Full

Elizabeth Ann Leathering  
Town Carr Pt County Calvert

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1907 Dec 10

Day

Age

Years

76

Months

10

Days

4

Sex

Female

Color or  
Race

White

Birth-  
place

Calvert Co Md

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

A. S. Leathering

Father's  
Name

Richard W. Johnson

Father's  
Birthplace

Calvert Co Md

Mother's  
Maiden Name

Elizabeth Ann Johnson

Mother's  
Birthplace

Calvert Co Md

Name of person giving  
In formation

A. S. Leathering

How related  
to deceased

Son

CAUSES OF DEATH

66

Primary

Paralysis

How long

26 hours

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Geo F Chambers Md

Address

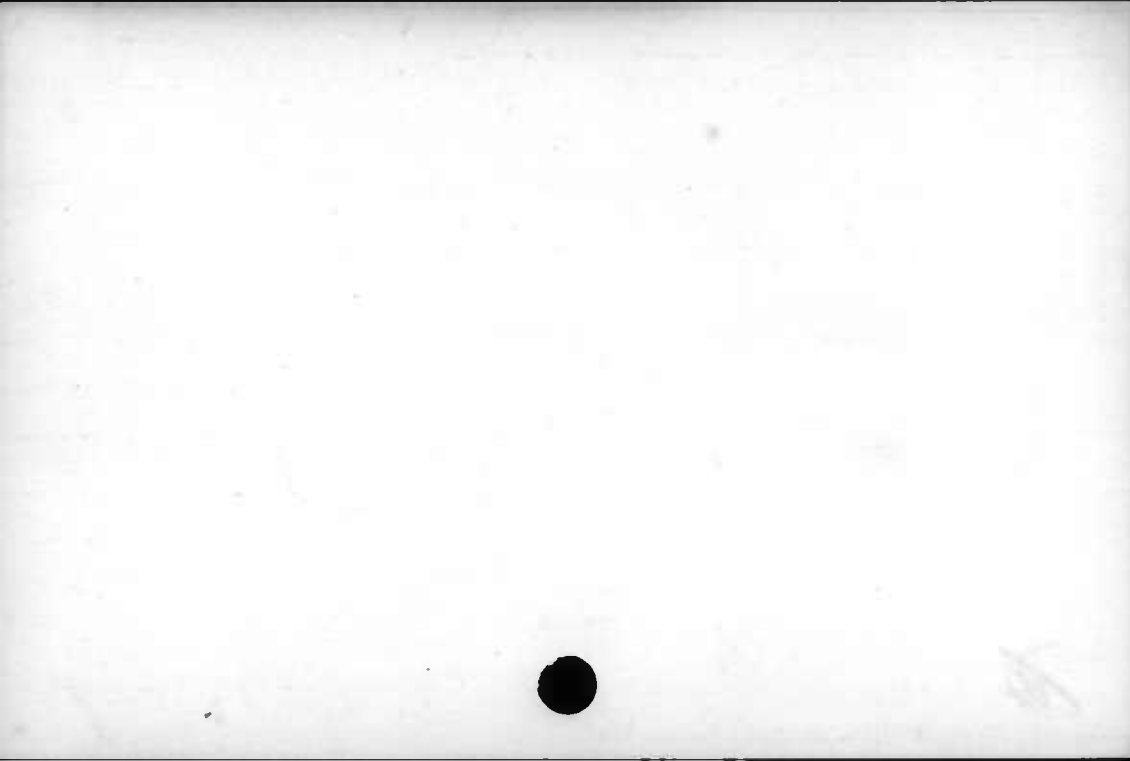
Lusby, Calvert Co

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
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Full

Thomas A Thompson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Halland Pt</i>		Town <i>Halland Pt</i>		County <i>Calvert</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>5</i>	Age <i>50</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>				
Occupation <i>waiter</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>Dont know</i>				
Father's Name <i>Not Obtainable</i>				Father's Birthplace <i>Dont know</i>			
Mother's Maiden Name <i>Not Obtainable</i>				Mother's Birthplace <i>Dont know</i>			
Name of person giving information <i>Thomas B Gourley</i>				How related to deceased <i>167</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Burned by fire</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. King</i>
<input checked="" type="checkbox"/>		Address <i>Burieton Ind</i>
Accident or Suicide? <i>Accident</i>		

